

992

MARGIN RESERVED FOR ENDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>160</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>487</u>
Town of _____			Local Registrar No. _____
or _____			
City of <u>Miami</u>	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Abraham Benites</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>Yes</u>
6. Date of birth <u>July-15-1923</u>	Month _____ day _____ year _____		
9. FATHER Full name <u>David Benites</u>		14. MOTHER Full maiden name <u>Esther Kirkland</u>	
10. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state	
11. Color or race <u>Mexican</u>	12. Age at last birthday <u>23</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Congress</u> (State or country) <u>Arizona</u>	
13. Occupation Nature of industry <u>Clerk</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(a) Born alive and now living <u>2</u>		(b) Born alive but now dead _____	
(c) Stillborn <u>none</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>R. J. Jotef m d</u> (Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Miami, Arizona</u>	
Month, day, year. _____		Filed <u>July 31</u> 19 <u>23</u>	
Registrar. _____		Filed <u>8/3</u> 19 <u>23</u>	
		Local Registrar. <u>B. J. J. J.</u>	
		County Registrar. _____	

122-713-5211